

## GENERATION WITH PROMISE: School Action Plan/Progress Report

**ACTION PLAN AND PROGRESS REPORT FOR:** \_\_\_\_\_ December 15, 2008 \_\_\_\_\_ June 15, 2009  
**Today's Date:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Date HSAT was last completed or updated:** \_\_\_\_\_  
**Person completing form:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Principal's Signature:** \_\_\_\_\_

**TOPIC AREA:** \_\_\_ Healthy Eating/Nutrition Education \_\_\_\_\_ Physical Education/Activity \_\_\_ Promoting a Tobacco Free Environment

**SMART Goal from your HSAT:**

High Priority Action #1: <i>Please fill in box below</i>	Lead Person/Title:	Total budget amount to accomplish this action	Action Completed?			If High Priority Action item was changed or modified since your last progress report, please explain in space below:
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Steps Needed to Complete this Action:</b> <i>Please fill in box below</i>	<b>Resources needed to complete steps</b> <i>Items purchased, staff or consultants hired, other</i>	<b>Target date to complete steps</b>	<b>Status of steps listed at left</b> <i>Mark with an X</i>			<b><u>PROGRESS NOTES:</u></b> <ul style="list-style-type: none"> <li>Describe your progress towards completing this action including: who, what, where and list outcome/s or performance indicators</li> <li>If not completed, please share any barriers you are facing or need for assistance</li> </ul> <i>Please attach documents related to this action (examples include pre-post tests and results, flyers, newsletters, notes from meetings and etc.)</i>
a.			Not Started	In Progress	Completed	
b.			Not Started	In Progress	Completed	
c.			Not Started	In Progress	Completed	

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**SMART Goal from your HSAT:**

High Priority Action #2: <i>Please fill in box below</i>	Lead Person/Title:	Total budget amount to accomplish this action	Action Completed?			If High Priority Action item was changed or modified since your last progress report, please explain in space below:
			____ Yes ____ No			
<b>Steps Needed to Complete this Action:</b> <i>Please fill in box below</i>	<b>Resources needed to complete steps</b> <i>Items purchased, staff or consultants hired, other</i>	<b>Target date to complete steps</b>	<b>Status of steps listed at left</b> <i>Mark with an X</i>			<b><u>PROGRESS NOTES:</u></b> <ul style="list-style-type: none"> <li>Describe your progress towards completing this action including: who, what, where and list outcome/s or performance indicators</li> <li>If not complete, please share any barriers you are facing or need for assistance</li> </ul> <i>Please attach documents related to this action (examples include pre-post tests and results, flyers, newsletters, notes from meetings and etc.)</i>
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**SMART Goal from your HSAT:**

<b>High Priority Action #3:</b> <i>Please fill in box below</i>	<b>Lead Person/Title:</b>	<b>Total budget amount to accomplish this action</b>	<b>Action Completed?</b>			<b>If High Priority Action item was changed or modified since your last progress report, please explain in space below:</b>
			____ Yes ____ No			
<b>Steps Needed to Complete this Action:</b> <i>Please fill in box below</i>	<b>Resources needed to complete steps</b> <i>Items purchased, staff or consultants hired, other</i>	<b>Target date to complete steps</b>	<b>Status of steps listed at left</b> <i>Mark with an X</i>			<b>PROGRESS NOTES:</b> <ul style="list-style-type: none"> <li>Describe your progress towards completing this action including: who, what, where and list outcome/s or performance indicators</li> <li>If not complete, please share any barriers you are facing or need for assistance</li> </ul> <i>Please attach documents related to this action (examples include pre-post tests and results, flyers, newsletters, notes from meetings and etc.)</i>
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**SMART Goal from your HSAT:**

High Priority Action #4: <i>Please fill in box below</i>	Lead Person/Title:	Total budget amount to accomplish this action	Action Completed?			If High Priority Action item was changed or modified since your last progress report, please explain in space below:
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Steps Needed to Complete this Action:</b> <i>Please fill in box below</i>	<b>Resources needed to complete steps</b> <i>Items purchased, staff or consultants hired, other</i>	<b>Target date to complete steps</b>	<b>Status of steps listed at left</b> <i>Mark with an X</i>			<b>PROGRESS NOTES:</b> <ul style="list-style-type: none"> <li>Describe your progress towards completing this action including: who, what, where and list outcome/s or performance indicators</li> <li>If not complete, please share any barriers you are facing or need for assistance</li> </ul> <i>Please attach documents related to this action (examples include pre-post tests and results, flyers, newsletters, notes from meetings and etc.)</i>
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**School:** \_\_\_\_\_

**TOPIC AREA:** \_\_\_\_ Healthy Eating/Nutrition Education \_\_\_\_ Physical Education/Activity \_\_\_\_ Promoting a Tobacco Free Environment

**SMART Goal from your HSAT:**

High Priority Action #5: <i>Please fill in box below</i>	Lead Person/Title:	Total budget amount to accomplish this action	Action Completed?			If High Priority Action item was changed or modified since your last progress report, please explain in space below:
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Steps Needed to Complete this Action:</b> <i>Please fill in box below</i>	<b>Resources needed to complete steps</b> <i>Items purchased, staff or consultants hired, other</i>	<b>Target date to complete steps</b>	<b>Status of steps listed at left</b> <i>Mark with an X</i>			<b><u>PROGRESS NOTES:</u></b> <ul style="list-style-type: none"> <li>Describe your progress towards completing this action including: who, what, where and list outcome/s or performance indicators</li> <li>If not complete, please share any barriers you are facing or need for assistance</li> </ul> <i>Please attach documents related to this action (examples include pre-post tests and results, flyers, newsletters, notes from meetings and etc.)</i>
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TOPIC AREA: \_\_\_\_ Healthy Eating/Nutrition Education \_\_\_\_ Physical Education/Activity \_\_\_\_ Promoting a Tobacco Free Environment

**SMART Goal from your HSAT:**

High Priority Action #6: <i>Please fill in box below</i>	Lead Person/Title:	Total budget amount to accomplish this action	Action Completed?			If High Priority Action item was changed or modified since your last progress report, please explain in space below:
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Steps Needed to Complete this Action:</b> <i>Please fill in box below</i>	<b>Resources needed to complete steps</b> <i>Items purchased, staff or consultants hired, other</i>	<b>Target date to complete steps</b>	<b>Status of steps listed at left</b> <i>mark with an X</i>			<b><u>PROGRESS NOTES:</u></b> <ul style="list-style-type: none"> <li>Describe your progress towards completing this action including: who, what, where and list outcome/s or performance indicators</li> <li>If not complete, please share any barriers you are facing or need for assistance</li> </ul> <i>Please attach documents related to this action (examples include pre-post tests and results, flyers, newsletters, notes from meetings and etc.)</i>
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**School:** \_\_\_\_\_

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**SMART Goal from your HSAT:**

High Priority Action #7 (Optional): <i>Please fill in box below</i>	Lead Person/Title:	Total budget amount to accomplish this action	Action Completed?			If High Priority Action item was changed or modified since your last progress report, please explain in space below:
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Steps Needed to Complete this Action: <i>Please fill in box below</i>	Resources needed to complete steps <i>Items purchased, staff or consultants hired, other</i>	Target date to complete steps	Status of steps listed at left <i>mark with an X</i>			<u>PROGRESS NOTES:</u> <ul style="list-style-type: none"> <li>Describe your progress towards completing this action including: who, what, where and list outcome/s or performance indicators</li> <li>If not complete, please share any barriers you are facing or need for assistance</li> </ul> <i>Please attach documents related to this action (examples include pre-post tests and results, flyers, newsletters, notes from meetings and etc.)</i>
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**ACTION PLAN/PROGRESS REPORT FOR (School):** \_\_\_\_\_ **December 15, 2008** \_\_\_\_\_ **June 15, 2009**

We held \_\_\_\_\_ (number) of **Coordinated School Health Team** Meetings during this reporting period

Our **Student Action Team** met \_\_\_\_\_ (number) times. Our **Community Mentor Team** met \_\_\_\_\_ (number) times.

### ***Evaluation Questions***

In addition to actions and steps noted on your action plan, what else have you accomplished (related to healthy eating, physical education/activity and tobacco education) during this reporting period?	
Of all the things your school has accomplished as part of GWP, <b>which are you are most proud of?</b>  Please take this opportunity to brag about at least one accomplishment, no matter how small.	
Students are the target for this project BUT please share any <b>benefits</b> from participating in GWP that have occurred <b>for yourself, staff, the CSHT team or families</b>	
What was your biggest <b>challenge</b> during this reporting period (e.g., CSHT team, implementing your action plan, grant requirements, HSAT, etc.)?	
What <b>recommendations</b> do you have for other schools or lessons learned that you can share?	
Have you developed any new school <b>policies</b> related to health? Or implemented ones that already exist? ___ No ___ Yes (attach policy or explain here)	
Please list any trainings that your teachers or CSHT attended during this reporting period	
If you have applied for any other grants or any awards, please describe those here	
Please share any concerns, issues or needs/requests you have related to the GWP project	

**THANK YOU FOR ALL THAT YOU DO FOR THE HEALTH OF CHILDREN!**